State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division and Front of Page 7 Please print or type. (Form designed for use on elité (12-pitch typewriter). Sacramento, California UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 information in the shaded areas CIAIDO1210211 D1410710101013 WASTE MANIFEST is not required by Federal law. 3. Generator's Name and Mailing Address 88363603 5-020 olla C 4. Generator's Phone (619) 534 AHA36-006930 6. Transporter 1 Company Name 1-800-852-7550 C. State Transporter's ID Omega Recover 7. Transporter 2 Company Name US EPA ID Numbe 9. Designated Facility Name and Site Address
OMESA RECOVERY SERVICES
12504, B. Whiter Bive US EPA ID Number State Facility's ID CAD042245001 ier Blud 88363603 WITHIN CALIFORNIA Whither CA 40 CAD1042245001 12. Container 11. US DOT Description (including Proper Shipping Name, Hazard Class Quantity Waste No. 1,2,4-13 Waste Flammable Liquel, N.O.S., Flammable Liquid UN1993 551 660 6 "#3 waste Petroleum Oil N.O.S. NATIONAL RESPONSE CENTER 1-800-424-8802; Combustable Liquid UN1270 \$16 waste compressed Gas, N.O.S. compressed Gas EPA/Other J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above See Attached list for Amplification 0 I 01 16. Special Handling Instructions and Additional Information
Wear Eye Profection, Gloves and GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which mislimizes the present and future threat to buman health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my weste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Day Year Marcus Jebel 17. Transporter 1 Acknowledgement of Receipt of Materials TRANSPOR Printed/Typed Name Signature Month Dav Year AVIER 18. Transporter 2 Acknowledgement of Receipt of Material Printed/Typed Name Day 19. Discrepancy Indication Space

DHS 8022 A (1/88)

OR SPILL, CALL

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this

Printed/Typed Name

Day 120518

Item 19.